

ORIGINAL  
(Rev. 5/05)FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT  
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF DELAWARE(1) DESHAUNE D. DARLING  
(Name of Plaintiff) (Inmate Number)1181 PADDock RD SMYRNA DE 19977  
(Complete Address with zip code)(2) \_\_\_\_\_  
(Name of Plaintiff) (Inmate Number)1:07-CV-683 GMS

(Case Number)

( to be assigned by U.S. District Court)

\_\_\_\_\_  
(Complete Address with zip code)(Each named party must be listed, and all names  
must be printed or typed. Use additional sheets if needed)

vs.

(1) Carl Danberg, Thomas Carroll,  
(2) Correctional Medical Service,  
(3) Richard P. Dushuttle M.D., David Pierce.  
(Names of Defendants)(Each named party must be listed, and all names  
must be printed or typed. Use additional sheets if needed)

## I. PREVIOUS LAWSUITS

- A. If you have filed any other lawsuits in federal court while a prisoner, please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:

None

• • Jury Trial Requested



## II. EXHAUSTION OF ADMINISTRATIVE REMEDIES

In order to proceed in federal court, you must fully exhaust any available administrative remedies as to each ground on which you request action.

- A. Is there a prisoner grievance procedure available at your present institution? • ☒ Yes • • No
- B. Have you fully exhausted your available administrative remedies regarding each of your present claims? • ☒ Yes • • No
- C. If your answer to "B" is Yes:

1. What steps did you take? Filed numerous Grievances the  
filing numbers are 109727, 111604, 112323, ... (more filed)
2. What was the result? No Resolution

- D. If your answer to "B" is No, explain why not: \_\_\_\_\_

## III. DEFENDANTS (in order listed on the caption)

- (1) Name of first defendant: Carl Danberg  
Employed as Commissioner at DE Dept of Corrections  
Mailing address with zip code: 245 McKee RD, Dover DE 19904

- (2) Name of second defendant: Thomas Carroll  
Employed as Warden at Delaware Correctional Center  
Mailing address with zip code: 1181 Paddock RD, Smyrna DE 19977

- (3) Name of third defendant: Correctional Medical Services (Provider)  
Employed as (Provider) at Delaware Correctional Center  
Mailing address with zip code: Suite 101 Dover DE 19904

(List any additional defendants, their employment, and addresses with zip codes, on extra sheets if necessary)

DEFENDANTS

(4) Name of Fourth defendant: Richard P. DuShuttle M.D.  
Employed as Orthopedic Consultant/Doctor, at D.C.C.  
Mailing address with zip code: 240 Belser Blvd. Dover, DE, 19901

(5) Name of 5th defendant: David Pierce  
Employed as Deputy Warden at D.C.C.  
Mailing address with zip code: 1181 Paddock Rd. Smyrna DE  
19977

## IV. STATEMENT OF CLAIM

(State as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach no more than three extra sheets of paper if necessary.)

1. On 4-4-07 Plaintiff broke his right hand at DCC and was taken to Kent General Hospital Emergency Room. The attending Doctor examined the injury and informed C.M.S. that the Plaintiff's right hand was fractured, and instructed C.M.S. to make an
2. appointment for the Plaintiff to be seen by an Orthopedic Surgeon to have the "Fracture set and hard casted." The Administration and C.M.S. "Delayed in getting the Plaintiff to an Orthopedic Surgeon. The Delay was 13 weeks late." The
3. average broken bone heals within 5 to 6 weeks.

## V. RELIEF

(State briefly exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.)

1. Monetary Compensatory damages, Nominal damages, and Punitive damages to be determined by Jury for Pain and suffering, and ongoing disability. All medical expense Past Present and Future to be Paid for by Defendants Including Transportation Loss of work Etc. Plaintiff be given opportunity to Have a Doctor of his choice "in state" to repair his hand.

## Statement of Claim

On 6-20-07 the Plaintiff was taken to be seen by Doctor Richard P. DuShuttle. Doctor DuShuttle took an x-ray of the Plaintiff's injured right hand and said that the x-ray showed that "the Fracture had healed on its own," and that he was not going to rebreak and set the Plaintiff's right hand. "He chose an easier and less efficacious treatment plan which was Physical Therapy." The Administration and C.M.S. did not follow through with Doctor DuShuttle's treatment plan. The defendant's "delay and neglect" to treat Plaintiff's injury caused substantial harm; which is unnecessarily prolonged pain and suffering and a deformed right hand. The defendant's were deliberately indifferent to Plaintiff's serious medical needs, by failing to provide adequate treatment.

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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3. \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 20 day of November, 2007.

Deshaune D. Perkins Jr.  
(Signature of Plaintiff 1)

\_\_\_\_\_  
(Signature of Plaintiff 2)

\_\_\_\_\_  
(Signature of Plaintiff 3)



U.S. AIR  
MAIL  
X-RAY

Legal Mail

Office of the Clerk  
United States District Court  
844 N. King St. Lock box 18  
Wilmington, DE 19801-3570

101 Deshaune D. Darling St.  
SBI# 23 9896 UNIT D-East  
DELAWARE CORRECTIONAL CENTER  
1181 PADDOCK ROAD  
SMYRNA, DELAWARE 19977